

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin

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GUY P. JONES
EDITOR

Public Health as an Activity of the Parent-Teacher Association

Following is the text of a bulletin issued recently by the California Congress of Parents and Teachers:

The establishment and support of adequate public health measures in the community is a legitimate and important activity of the Parent-Teacher Associations.

In this age of living together in closely packed communities, and rapid transportation, no amount of effort on the part of an individual can protect him from all the dangers due to the carelessness or ignorance of others. President Hoover in his recent message to Congress stressed the importance of public health very strongly: "The organization of preventive measures and health education in its personal application is the province of public health service. Such organization should be as universal as public education * * *. Where highly developed, a health unit comprises at least a physician, sanitary engineer and community nurse."

The safeguarding of the health of the individual, the home and the school is as imperative as the foundation upon which other accomplishments are to be built. Fullest support should be given to the establishment in each municipality and county of an adequate public health personnel. Where such an organization has been completed, every association should feel its obligation to support the efforts of the public health unit to the limit of its ability.

In order to give an understanding of the basis on which such public health workers may be obtained and supported, there follows a brief note of the minimum budget and requirements for public health

nurse, health unit, and dental hygiene and the public health nurse—the first step in providing public health service.

Necessary Qualifications.

1. Nursing training with graduation from approved hospital training school and registration as registered nurse.
 2. Additional training in public health theory and procedure with certification of Public Health Nurse by State Department of Public Health.
 3. If school work is to be done a Health and Development certificate must be obtained from the State Department of Education.
 4. If employed from school funds as Health Supervisor, special educational qualifications are required.
- Personality enters largely into the effectiveness of a nurse's work, so that this should be considered, and a personal interview obtained.

Duties.

Where a single public health nurse is employed in a county, her duties will vary somewhat with the locality. If employed by the county superintendent of schools as health supervisor, she will confine her activities as a rule to the schools, doing the routine nurse's inspection for detection of handicaps to health, aiding in control of communicable diseases in the schools and carrying on a general program of health education. If she is employed by the supervisors or on a combined budget, she usually adds maternal and infant hygiene to the above program, in which instance she will not be able to carry on so intensively.

Budget.

The usual budget for 12 months' service (customary vacation allowed) is from \$2,500 to \$3,000, depending on the type of work and area covered. This presupposes that this nurse drives her own car and that at least \$50 per month is allowed for transportation. *Official sources* are: Board of Supervisors, City Trustees, Local or District School Boards, or Supervision Fund of County Superintendents of Schools. *Unofficial sources*: County or Local Tuberculosis Association, County or Local Red Cross, County or Local Parent-Teacher Association groups, Service Clubs.

County Health Unit—Minimum Personnel.

Full-time physician with public health training and experience; nurse with public health training and credentials; sani-

tary inspector with adequate training and experience; office clerk.

This must be considered the absolute minimum for efficient work. Additions to this staff will depend on local conditions and needs.

Minimum Budget \$10,000.

This is based on the personnel above and must be considered an absolute minimum. Note that the incorporated cities in the county are not included in this service unless they specifically so request. In this case they make such additions to this budget as may be necessary to care for the required additions to the staff and the increased expense.

The sources of this budget may be practically those listed under the budget for the public health nurse. It is customary, however, for the funds to be appropriated under the state law, allowing the formation of a Health District, or by the County Board of Supervisors. Under certain circumstances, the State Department of Public Health together with the International Health Board, or the United States Public Health Service, may aid in making up this budget. This aid is given for a limited period and never exceeds 50 per cent of the minimum budget.

The Chief Functions of a typical health department with the above personnel and budget should eventually include: (1) *Control of Communicable Disease*, including conduct of immunization clinics. (2) *School Health Supervisors*, including nurse's inspections and doctor's examinations for detection of chronic handicaps or acute diseases, sanitation, etc., of schools, health education through schools. (3) *Child Hygiene*, including conduct of infant and preschool health centers with examinations and advice in hygiene, classes for mothers, home visits for individual instruction. (4) *Prenatal Hygiene*, including instruction in prenatal hygiene at health center, and home visits for individual instruction. (5) *Dairy Inspection*, including sanitation of dairies, creameries, etc., health of milk handlers, and general safeguarding of milk supply. (6) *Sanitary Inspection*, including sewage and garbage disposal, water supply, restaurants, meat markets, bakeries, etc., swimming pools and general sanitation of community. (7) *Health Education*, including public talks, newspaper articles, distribution of literature, etc. The extent of the program undertaken is obviously dependent largely on the size of the staff and the area served.

Dental Hygienist—Qualifications.

Graduation as dental hygienist from recognized dental college.

Personality which is acceptable to school board and teachers and especially to children.

Budget.

Salary of \$1,500 to \$2,400 per year. Salaries are approximately the same as the special teachers, with same rate of increase. Portable chair and other necessary initial equipment—\$150 to \$250, depending on location and volume of work. Replacements approximate \$50–\$100 per year. The minimum budget then would be about \$1,750. This is for full time the year around, except for short vacation. *Official sources* for budget: County Board of Supervisors, Local or District School Boards. *Unofficial sources*: Red Cross, Service Clubs, Parent-Teacher Association. Occasionally the dental hygienist gives only half time to schools and uses half of her time in a private dentist's office. This is not to be encouraged, however.

Duties.

Instruction in mouth health, cleaning of teeth, examination of mouths, with notification to parents of defects found. The dental hygienist's work bears much the same relation to that of the dentist which the public health nurse's work bears to the doctors.

It will be noted that the entire program outlined is preventive in character. It is very necessary to draw a clear distinction between the work of the public health department and the remedial work done by the county physician and county hospital. The public health officer and county physician should be able to coordinate their activities, but these are entirely separate in type and should be so considered.

The first step for such a unit should be a survey of present public health activities in the county, with a summing up of present accomplishments and the cost of these. Be very careful to distinguish, as noted above, between public health work and remedial work. It is frequently found on investigation that a county is paying for haphazard service nearly enough to install each unit as outlined above. When a clear idea of existing conditions is obtained, and the objective to be attained is decided upon, the next step is to begin a widespread campaign of education throughout the county. A group of women who have carefully studied the problems involved and are well informed should arrange to speak to each association. It is well to plan this educational campaign to cover a period of months at least; possibly it will take a year or two. When the Parent-Teacher Association is fully informed and interested, the campaign of education should be carried to other organizations, such as the service clubs, women's clubs, and farm bureaus. Public opinion must be formed before any attempt at raising a budget is effective.

It is always well to get first-hand information from other counties having a satisfactory program in operation, and to get detailed information from the director of the State Department of Public Health.

NEW HEALTH OFFICER AT EL CERRITO

Dr. F. L. Horne has succeeded Dr. R. A. Steven as city health officer of El Cerrito, in Contra Costa County.

Mr. H. Reithardt has been appointed city health officer of Wheatland.

TYPHOID REGULATIONS AMENDED

The regulations of the State Board of Public Health for the prevention and control of typhoid fever have been amended so as to include paratyphoid fever. Minor changes in the regulations have been made, with particular reference to milk supplies from premises where these typhoid or paratyphoid cases are present. Copies of the newly printed regulations have been sent to all health officers. Copies may be obtained by writing to the California Department of Public Health, Sacramento, California.

Modern play takes on too much of compulsion to win, rather than the privilege to enjoy. The nervous strain and exalted egotism of modern college major team athletics is of very questionable benefit to participants and spectators.—*Stewart Chase*.

He who has good HEALTH and owes nothing is both young and rich.—*Danish proverb*.

REDUCING INFANT AND MATERNAL MORTALITY

Dr. W. F. Walker, Field Director of the American Public Health Association, says in the Association's News Letter to health officers:

"Valuable indication that fewer mothers and infants die among those reached by public health medical and nursing services is contained in certain figures just compiled for the child health demonstrations of the Commonwealth Fund.

During the four-year period covered by this special study there were 10,444 births in the four demonstration communities. In 2518 cases, about one-fourth of the total, nurses of the health department gave prenatal instruction and supervision in cooperation with the family physician. In the group under such supervisory care there were only eight maternal deaths in comparison with 60 in the group not served, 65 stillbirths in comparison with 383 in the group not served, and 40 infant deaths under one month in comparison with 297 in the group not served.

The comparative mortality and stillbirth rates are as follows:

	Maternal deaths per 1000 births		Stillbirths per 1000 births		Infant deaths under one month per 1000 live births	
	Under care	Not under care	Under care	Not under care	Under care	Not under care
All demonstrations -----	3.2	7.6	25.8	48.4	16.3	39.4
Fargo, N. D.-----	3.9	5.4	17.0	44.2	9.3	49.4
Marion County, Ore.-----	0.0	3.8	6.2	37.5	16.7	31.4
Clarke County, Ga. Total-----	6.5	15.2	30.4	70.1	33.6	46.2
White -----	4.8	6.3	9.7	44.0	29.3	31.7
Colored -----	7.9	28.6	47.6	109.6	37.5	69.7
Rutherford County, Tenn. Total-----	2.5	8.3	43.1	49.3	12.9	39.2
White -----	1.8	7.3	38.9	46.7	9.2	34.4
Colored -----	4.0	11.5	52.6	57.4	21.4	54.8

In these four communities 6234 infants between one month and one year of age had either field nursing service or medical supervision in health centers, or both, while 3425 infants did not have such care. There were 113 deaths in the group served and 163 in the group not served. The comparative mortality rates in this age-group (calculated in relation to the number of infants still alive at one month of age) were as follows:

	Under care	Not under care
All demonstrations-----	18.1	47.6
Fargo, N. D.-----	16.5	80.7
Marion County, Ore.-----	4.3	25.9
Clarke County, Ga. Total-----	19.5	71.8
White -----	7.6	49.1
Colored -----	34.4	114.5
Rutherford County, Tenn. Total-----	31.5	57.8
White -----	28.9	48.6
Colored -----	39.4	83.7

Where care was given the infant mortality rates were especially low for congenital causes, respiratory diseases, and diarrhea and enteritis. Among infants under one month of age the mortality rate from congenital causes, was 11.5 for the group served and 31.0 for the group not served. Among the older infants the rates for the group served were 5.0 for respiratory diseases and 3.8 for diarrhea and enteritis, as compared with 14.3 and 13.4, respectively, for the group not served.

These figures are supporting evidence that a favorable showing can be secured in the form of low mortality rates where preventive maternity and child health services are organized.

PRENATAL INSTITUTE SCHEDULE

The Bureau of Child Hygiene of the State Department of Public Health has announced a series of prenatal institutes to be conducted throughout California during the month of February. These institutes are, primarily, for registered nurses, public health nurses, superintendents of hospitals, instructors in schools of nursing and student nurses. They will be conducted by Miss Anita Jones of the Maternity Center Association of New York City. The arrangements for the institutes in the various cities are being made by the local units of the California State Organization for Public Health Nursing. Following is the schedule of the institutes which will be held during the month:

Sacramento, February 5.

Stockton, February 7 and 8. San Joaquin Health District, 130 S. American Street.

Los Angeles, February 13. Nurses Club, 211 S. Lucas Street.

Santa Barbara, February 14 and 15. Courthouse Auditorium.

San Francisco, February 17 and 18. Stanford Nurses Home Auditorium.

Oakland, February 19. Hunter Building.

Fresno, February 22.

MORBIDITY*

Diphtheria.

68 cases of diphtheria have been reported, as follows: Alameda County 2, Oakland 1, Contra Costa County 1, El Cerrito 2, Fresno County 2, El Centro 1, Los Angeles County 7, Arcadia 1, Culver City 1, Glendale 1, Los Angeles 17, Montebello 2, Santa Monica 3, Salinas 1, Orange 2, Seal Beach 1, La Habra 1, Sacramento 1, Oceanside 1, San Diego 1, San Francisco 13, San Mateo 3, Santa Clara County 1, Palo Alto 1, Tulare County 1.

Scarlet Fever.

341 cases of scarlet fever have been reported, as follows: Alameda County 1, Alameda 1, Albany 1, Berkeley 1, Hayward 1, Oakland 7, Piedmont 1, Butte County 1, Chico 3, Colusa County 5, Contra Costa County 1, Pittsburg 2, Fresno County 6, Fresno 2, Eureka 10, Kern County 8, Bakersfield 2, Lassen County 2, Los Angeles County 14, Burbank 1, Compton 1, Glendale 9, Huntington Park 4, Inglewood 4, Long Beach 3, Los Angeles 66, Monrovia 1, Montebello 3, Pasadena 1, San Marino 1, Santa Monica 5, Whittier 1, Torrance 1, Lynwood 1,

* From reports received on February 3d and 4th for week ending February 1st.

Hawthorne 3, South Gate 2, Monterey Park 4, Maywood 4, Madera County 1, Mill Valley 1, San Rafael 4, Merced County 1, Monterey County 3, Salinas 5, Orange County 8, Anaheim 1, Fullerton 1, Huntington Beach 5, Santa Ana 3, Riverside 2, Sacramento County 3, Sacramento 14, San Diego County 5, La Mesa 1, Oceanside 2, San Diego 2, San Francisco 38, San Joaquin County 7, Stockton 1, San Luis Obispo County 5, Arroyo Grande 1, Daly City 1, Redwood City 1, San Mateo 6, Santa Barbara County 5, Santa Clara County 6, San Jose 2, Sonoma County 2, Turlock 4, Red Bluff 8, Tehama County 2, Tuolumne County 1, Yolo County 2, Woodland 3.

Measles.

864 cases of measles have been reported, as follows: Alameda 33, Berkeley 6, Oakland 121, El Cerrito 1, Richmond 1, Fresno 4, Los Angeles County 34, Alhambra 1, El Monte 1, Glendale 1, Long Beach 4, Los Angeles 35, Pasadena 2, Marin County 14, Merced County 7, Napa 1, Fullerton 1, Placer County 3, Auburn 1, Colfax 3, Riverside County 1, Elsinore 1, Sacramento County 2, Sacramento 2, San Diego County 2, San Diego 3, San Francisco 468, San Joaquin County 11, Lodi 2, Stockton 2, San Luis Obispo County 3, San Mateo 2, Menlo Park 1, Santa Barbara County 2, Santa Clara County 12, San Jose 43, Sunnyvale 9, Watsonville 1, Siskiyou County 3, Sonoma County 13, Yolo County 1, Marysville 6.

Smallpox.

71 cases of smallpox have been reported, as follows: Alameda County 1, Alameda 5, Berkeley 2, Oakland 2, Butte County 1, Chico 1, El Centro 4, Kern County 3, Los Angeles County 6, Inglewood 1, Long Beach 1, Los Angeles 4, Pasadena 1, Whittier 4, Torrance 1, South Gate 1, Maywood 3, Salinas 1, Placer County 2, Riverside 3, Sacramento County 5, Sacramento 5, San Diego 2, Stockton 1, Santa Clara County 1, Sierra County 4, Stanislaus County 3, Sutter County 1, Dinuba 1, Winters 1

Typhoid Fever.

8 cases of typhoid fever have been reported, as follows: El Centro 1, Huntington Park 1, Los Angeles 3, Pasadena 1, San Diego 1, San Francisco 1.

Whooping Cough.

100 cases of whooping cough have been reported, as follows: Alameda 1, Berkeley 2, Oakland 4, Fresno County 2, Lemoore 1, Los Angeles County 6, Burbank 4, Glendale 1, Long Beach 26, Los Angeles 23, Pasadena 10, Lynwood 1, South Gate 1, Orange County 5, Anaheim 2, Fullerton 2, Santa Ana 4, Riverside 1, San Francisco 1, Stockton 1, San Jose 1, Tulare County 1.

Meningitis (Epidemic).

5 cases of epidemic meningitis have been reported, as follows: Fresno County 1, Huntington Park 1, Los Angeles 1, San Diego 1, Watsonville 1.

Poliomyelitis.

7 cases of poliomyelitis have been reported as follows: Kern County 1, Alhambra 1, Los Angeles 1, Santa Rosa 4.

Encephalitis (Epidemic).

2 cases of epidemic encephalitis have been reported, as follows: Glendale 1, Long Beach 1.

Trichinosis.

4 cases of trichinosis have been reported, as follows: Alameda 1, Berkeley 2, San Francisco 1.

Undulant Fever.

2 cases of undulant fever have been reported, as follows: Kern County 1, San Bernardino 1.

COMMUNICABLE DISEASE REPORTS

Disease	1930				1929			
	Week ending			Reports for week ending Feb. 1 received by Feb. 4	Week ending			Reports for week ending Feb. 2 received by Feb. 5
	Jan. 11	Jan. 18	Jan. 25		Jan. 12	Jan. 19	Jan. 26	
Chickenpox	523	477	489	608	327	295	276	378
Coccidioidal Granuloma	0	0	0	0	1	0	0	0
Diphtheria	70	106	86	68	65	76	83	63
Dysentery (Amoebic)	0	1	1	0	1	1	1	0
Dysentery (Bacillary)	2	0	0	0	0	1	0	0
Encephalitis (Epidemic)	1	0	3	2	3	4	1	1
Erysipelas	23	28	18	14	15	19	18	18
Food Poisoning	10	0	0	0	1	5	0	2
German Measles	21	17	21	31	15	12	13	21
Gonococcus Infection	138	100	121	105	126	109	127	159
Hookworm	0	0	2	0	0	0	0	0
Influenza	77	112	51	44	987	564	251	179
Jaundice (Epidemic)	3	1	0	0	0	0	0	1
Leprosy	0	1	1	0	0	0	0	0
Malaria	1	0	2	0	5	2	0	0
Measles	578	499	641	864	25	35	29	87
Meningitis (Epidemic)	12	19	14	5	16	3	19	17
Mumps	456	573	544	593	275	223	267	229
Ophthalmia Neonatorum	0	1	1	0	0	2	1	1
Paratyphoid Fever	0	1	0	1	0	2	2	0
Pellagra	2	0	0	1	1	1	0	1
Pneumonia (Lobar)	115	102	96	96	78	86	67	60
Poliomyelitis	3	3	2	7	3	1	3	1
Rabies (Animal)	8	14	20	19	12	10	12	10
Scarlet Fever	325	320	387	341	275	387	353	355
Smallpox	83	183	155	71	39	60	45	63
Syphilis	179	132	164	140	190	129	175	169
Tetanus	0	1	1	1	2	1	0	1
Trachoma	2	6	3	2	1	0	2	4
Trichinosis	33	4	7	4	0	0	0	0
Tularemia	0	1	0	0	0	0	0	0
Tuberculosis	223	192	171	162	227	250	217	264
Typhoid Fever	7	4	3	8	2	5	9	9
Undulant Fever	1	2	0	2	0	0	0	1
Whooping Cough	134	119	156	100	207	226	187	191
Totals	3,030	3,019	3,160	3,289	2,899	2,509	2,158	2,285

Measles is skyrocketing.

Chickenpox, mumps and scarlet fever maintain their high levels.

Smallpox dropped perceptibly last week.

Epidemic meningitis dropped to five cases reported.

Influenza is not greatly in evidence.